

All pa	atients	are to	be	screened	a perore	tneir	r appointmen	IT AND	wnen	tney	arrive to	r tneir	appointme	ent.
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Patient Name: test

Patient Age: 30

Who Answered:Other

Other's Full Name :test

Relationship to Patient:test

A dental team member will contact you and identify themselves and will then explain the purpose of the call before your appointment. The reason for this will be to determine whether there are any special considerations for your dental appointment. Please answer the following questions.

Screening Questions

Do you have a fever or have felt hot or feverish anytime in the last two weeks? Before Appointment: No

Do you have any of these symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose? Before Appointment:No

Have you experienced a recent loss of smell or taste? Before Appointment:No

Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19?

Before Appointment:No

Have you returned from travel outside of Canada in the last 14 days? Before Appointment:No

Have you returned from travel within Canada from a location known affected with COVID-19? Before Appointment:No

Are you over the age of 60 and have any underlying health conditions? Before Appointment:No

Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder? Before Appointment:No

Patient Screening Form 1



Patient Signature: https://tsoralhealth.com/wp-content/uploads/wpcf7\_signatures/patientsignature-1641375277.png

Date Signed: 2022-01-01

This e-mail was sent from a contact form on (https://tsoralhealth.com)

Patient Screening Form 2